



# If a Work Injury Occurs.....

## Supervisor Checklist

- ☐ Complete LS-1 form “Request for Examination and Treatment.” If appropriate, arrange for emergency medical treatment.
- ☐ Complete form LS-202 “Employer’s First Report of Injury or Occupational Illness”. By Federal Law, it must be fully completed and filed within ten (10) days from the date of injury or from the date you first had knowledge of such an injury.
- ☐ In cases of life threatening injury or death, you must notify MWR Headquarters by telephone or fax within 24 hours.
  - Phone: (703) 432-0413 Fax: (703) 432-0402
- ☐ If employee is disabled for more than 3 days, file Form LS-210. This form is filed when an employee is disabled in excess of three (3) days, and every pay period thereafter until the employee returns. It is also filed when the employee has returned to work and then becomes disabled again for the same injury.
- ☐ Complete the Leave Option Form if the employee is eligible for sick or annual leave status. If the employee does not complete this form, they will be placed in LWOP status.
- ☐ Fully complete the Employee’s Consent to Release Medical Records, the Wage Earning Statement and Choice of Doctor Statement and forward them to our Third Party Administrator.
- ☐ Maintain communication with Third Party Administrator. With coordination through your NAF personnel office, send all items related to the claim such as bills, reports and any correspondence to our Third Party Administrator.
- ☐ If employee is disabled or has job restrictions, follow and promote the policies in our “Return-to-Work” program. Complete the “Light Duty Advisory” form and fax to Personal and Family Readiness Division and our Third Party Administrator.
- ☐ Maintain contact with the injured employee. Complete telephone log to document telephone conversations.